### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-LD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE:

01607

 ${\sf MINOR}$ 

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****         | .039            | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

|                  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | keri fitzpatrick                            | TELEP     | HONE   | DATE       |
|------------------|--|---|-----------|--------|------------|
|                  | who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (781)70   | 6-7003 | 11/23/2016 |
| TYPED OR PRINTED | and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

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Form Approved
OMB No. 2040-0004

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ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458     |    |    | 001-N1           |
|---------------|----|----|------------------|
| PERMIT NUMBER |    |    | DISCHARGE NUMBER |
| MONITO        | 2R | IN | G PERIOD         |
| MM/DD/YYYY    |    |    | MM/DD/YYYY       |
| 10/01/2016    |    |    | 12/31/2016       |

DMR Mailing ZIP CODE:

01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | 11             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | *****           | ****  | ***** | *****          | 1.7            | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ****  | *****          | .23            | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 40             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ***** | *****         | 99              | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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OMB No. 2040-0004

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NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****         | .12            | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ****  | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726 FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

MAR053458 001-LD PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2017 01/01/2017

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****         | .008            | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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WORCESTER, MA 01607

| MAR053458     |    | 001-N1           |
|---------------|----|------------------|
| PERMIT NUMBER |    | DISCHARGE NUMBER |
| MONITO        | OR | RING PERIOD      |
| MM/DD/YYYY    |    | MM/DD/YYYY       |
| 01/01/2017    |    | 03/31/2017       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

|                              |                       | QUAN  | ITITY OR LOADIN | NG    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 11             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ****  | *****          | 2              | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | .06            | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 68             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | *****         | 8               | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ****  | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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NAME: METALS RECYCLING LLC

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Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | 01/01/2017 | 03/31/2017 |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****         | .018           | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ****  | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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WORCESTER, MA 01607

| MAR053458 | 001-LD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION      |       | NO. | '   a = a a a a a a a a a a a | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|-----------------|-------|-----|-------------------------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS                   | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ***** | *****         | .072            | mg/L  |     | Quarterly                     | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly                     | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP         | HONE   | DATE       |
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| MM/DD/YYYY    |     | MM/DD/YYYY       |
| 04/01/2017    |     | 06/30/2017       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

|                              |                       | QUAN  | ITITY OR LOADIN | 1G    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 19             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ***** | ****            | ***** | ****  | *****          | 3.4            | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ***** | *****          | .27            | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ***** | *****          | 47             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
|--|--|---|-----------|--------|------------|
|  | who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (781)70   | 6-7003 | )6/14/2017 |
| TYPED OR PRINTED                       | and and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2017 | 06/30/2017 |

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       | QUANTITY OR LOADING |       | C     | UALITY OR CON | CENTRATION |                 | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|---------------------|-------|-------|---------------|------------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE         | VALUE      | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | *****         | *****      | 74              | ug/L  |           | Quarterly   | Grab |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****         | *****      | 12.3<br>MAXIMUM | ug/L  |           | Quarterly   | Grab |

|                  | certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the | Keri Beck                                   | TELEP     | DATE       |            |
|------------------|---|---|-----------|------------|------------|
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| TYPED OR PRINTED | and improviment to knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726 FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458         |   | 001-ZD           |  |  |  |  |  |
|---|-------------------|---|------------------|--|--|--|--|--|
|   | PERMIT NUMBER     |   | DISCHARGE NUMBER |  |  |  |  |  |
| ī | MONITORING PERIOD |   |                  |  |  |  |  |  |
|   | WONT              |   | O I EIGOD        |  |  |  |  |  |
|   | MM/DD/YYYY        | ] | MM/DD/YYYY       |  |  |  |  |  |
|   | 04/01/2017        | 1 | 06/30/2017       |  |  |  |  |  |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No

|                             | QUANTITY OR LOADING   |       |       | C     | UALITY OR CON | CENTRATION |                | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|-------|-------|-------|---------------|------------|----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE | VALUE | UNITS | VALUE         | VALUE      | VALUE          | UNITS | EX        | OF ANALYSIS | TYPE |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****  | ***** | ***** | *****         | *****      | .083           | mg/L  |           | Quarterly   | Grab |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | ***** | ***** | *****         | *****      | .11<br>MAXIMUM | mg/L  |           | Quarterly   | Grab |

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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST
LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458         |   |   | 001-IW           |  |  |  |  |
|-------------------|---|---|------------------|--|--|--|--|
| PERMIT NUMBER     | l |   | DISCHARGE NUMBER |  |  |  |  |
| MONITORING PERIOD |   |   |                  |  |  |  |  |
| MM/DD/YYYY        |   | [ | MM/DD/YYYY       |  |  |  |  |
| 10/01/2016        |   | [ | 09/30/2017       |  |  |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Impaired Water External Outfall

| No        |  |
|-----------|--|
| Dischange |  |

|                                      |                       | QUAN  | ITITY OR LOADII | NG    | (     | QUALITY OR CON | CENTRATION           |               | NO. | FREQUENCY   | SAMPLE |
|--------------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------------|---------------|-----|-------------|--------|
| PARAMETER                            |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE                | UNITS         | EX  | OF ANALYSIS | TYPE   |
| Turbidity                            | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 15                   | NTU           |     | Annual      | Grab   |
| 00070 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ****  | *****          | Req. Mon.<br>MAXIMUM | NTU           |     | Annual      | Grab   |
| Oxygen, dissolved percent saturation | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | NODI A               |               |     |             |        |
| 00301 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ****  | *****          | Req. Mon.<br>MAXIMUM | %             |     | Annual      | Grab   |
| Solids, total suspended              | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | *****          | NODI E               |               |     |             |        |
| 00530 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ****  | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| Phosphorus, total [as P]             | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ***** | *****          | .22                  | mg/L          |     | Annual      | Grab   |
| 00665 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| Lead, total [as Pb]                  | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | *****          | NODI E               |               |     |             |        |
| 01051 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| E. coli                              | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | *****          | 28.5                 | MPN/100m<br>L |     | Annual      | Grab   |
| 51040 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ****  | *****          | Req. Mon.<br>MAXIMUM | MPN/100m<br>L |     | Annual      | Grab   |

| I                | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEPI    | DATE       |            |
|------------------|--|---|-----------|------------|------------|
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| TYPED OR PRINTED | and improviment or knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-LD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2017 | 09/30/2017

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | NODI E          |       |     |             |        |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | DATE       |            |
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| TYPED OR PRINTED                       | ame and improviment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458         |  |  | 001-N1           |  |  |  |  |  |
|-------------------|--|--|------------------|--|--|--|--|--|
| PERMIT NUMBER     |  |  | DISCHARGE NUMBER |  |  |  |  |  |
| MONITORING PERIOD |  |  |                  |  |  |  |  |  |
| MM/DD/YYYY        |  |  | MM/DD/YYYY       |  |  |  |  |  |
| 07/01/2017        |  |  | 09/30/2017       |  |  |  |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | DUALITY OR CON | CENTRATION     | _     | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | ****           | NODI E         |       |     |             |        |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | NODI E         |       |     |             |        |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | ****           | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ***** | ****            | ***** | ***** | *****          | NODI E         |       |     |             |        |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ***** | ****            | ****  | ***** | *****          | NODI E         |       |     |             |        |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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## DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

 MAR053458
 001-UD

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 07/01/2017
 09/30/2017

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                 |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | *****                    | ***** | NODI E          |       |     |             |        |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     |      | 001-ZD           |
|---|---------------|------|------------------|
|   | PERMIT NUMBER |      | DISCHARGE NUMBER |
|   |               |      |                  |
|   | MONITO        | DRIN | G PERIOD         |
|   | MM/DD/YYYY    |      | MM/DD/YYYY       |
|   | 07/01/2017    | 1    | 09/30/2017       |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       | QUANTITY OR LOADING |       | QUALITY OR CONCENTRATION |       |       |                | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|---------------------|-------|--------------------------|-------|-------|----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS                    | VALUE | VALUE | VALUE          | UNITS | EX        | OF ANALYSIS | TYPE |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | *****                    | ***** | ***** | NODI E         |       |           |             |      |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | *****                    | ***** | ***** | .11<br>MAXIMUM | mg/L  |           | Quarterly   | Grab |

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| TYPED OR PRINTED                       | are and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Johnston, RI 02919-9726 FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

MAR053458 001-LD PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2017 10/01/2017

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No

|                             |                       | QUANTITY OR LOADING |       |       | C     | QUALITY OR CONCENTRATION |                 |       |    | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|--------------------------|-----------------|-------|----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE                    | VALUE           | UNITS | EX | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****                    | .07713          | mg/L  |    | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****                    | .069<br>MAXIMUM | mg/L  |    | Quarterly   | Grab   |

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| İ | TYPED OR PRINTED | pure and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| ı | MAR053458                       | -  |     | 001-N1           |
|---|---------------------------------|----|-----|------------------|
|   | PERMIT NUMBER                   |    |     | DISCHARGE NUMBER |
|   | MONIT                           | OR | NIS | G PERIOD         |
|   | <b>MM/DD/YYYY</b><br>10/01/2017 |    |     | MM/DD/YYYY       |
|   |                                 |    |     | 12/31/2017       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | ****           | 23             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ****  | ****           | 3.65           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | *****          | .2695          | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ****  | ****           | 49             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     |    |                  | 001-UD     |  |  |
|---|---------------|----|------------------|------------|--|--|
|   | PERMIT NUMBER |    | DISCHARGE NUMBER |            |  |  |
|   | MONITO        | OR | RIN              | G PERIOD   |  |  |
|   | MM/DD/YYYY    |    |                  | MM/DD/YYYY |  |  |
|   | 10/01/2017    |    |                  | 12/31/2017 |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****         | 173.8           | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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Form Approved
OMB No. 2040-0004

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NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****         | .1059          | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     |      | 001-LD           |
|---|---------------|------|------------------|
|   | PERMIT NUMBER |      | DISCHARGE NUMBER |
|   | MONITO        | DRIN | IG PERIOD        |
|   | MM/DD/YYYY    | ]    | MM/DD/YYYY       |
|   | 01/01/2018    | 1    | 03/31/2018       |

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****         | .01947          | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| ı | MAR053458     |    |     | 001-N1           |
|---|---------------|----|-----|------------------|
|   | PERMIT NUMBER | Ī  |     | DISCHARGE NUMBER |
|   | MONIT         | OR | RIN | G PERIOD         |
|   | MM/DD/YYYY    |    |     | MM/DD/YYYY       |
|   | 01/01/2018    |    |     | 03/31/2018       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

|                              |                       | QUAN  | ITITY OR LOADIN | lG    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 8.4            | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 2.69           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | .3842          | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | ****           | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 53             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2018 | 03/31/2018 |

DMR Mailing ZIP CODE:

01607

 ${\sf MINOR}$ 

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****         | 19.47           | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****  | *****         | .08438         | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-LD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | .00494          | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| MAR053458     | 001-N1           |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | ORING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 04/01/2018    | 06/30/2018       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabarra

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 9.3            | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | 1.68           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | .1182          | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 82             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | ***** | *****         | 1               | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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| MAR053458 | 001-ZD |
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| 04/01/2018 | 06/30/2018 |

DMR Mailing ZIP CODE:

**IP CODE:** 01607

 $\mathsf{MINOR}$ 

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****  | *****         | .09445         | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| I                | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | DATE   |            |
|------------------|--|---|-----------|--------|------------|
|                  | who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (781)70   | 6-7003 | )7/19/2018 |
| TYPED OR PRINTED | and imprisonment to knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST
LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| l | MAR053458     |      | 001-IW           |
|---|---------------|------|------------------|
|   | PERMIT NUMBER |      | DISCHARGE NUMBER |
|   | MONITO        | ORIN | IG PERIOD        |
|   | MM/DD/YYYY    |      | MM/DD/YYYY       |
|   | 10/01/2017    | 1    | 09/30/2018       |

DMR Mailing ZIP CODE: 01607

MINOR

Impaired Water External Outfall

| No        |  |
|-----------|--|
| Discharge |  |

|                                      |                       | QUAN  | NTITY OR LOADI | <b>V</b> G | (     | QUALITY OR CON | CENTRATION           |               | NO. | FREQUENCY   | SAMPLE |
|--------------------------------------|-----------------------|-------|----------------|------------|-------|----------------|----------------------|---------------|-----|-------------|--------|
| PARAMETER                            |                       | VALUE | VALUE          | UNITS      | VALUE | VALUE          | VALUE                | UNITS         | EX  | OF ANALYSIS | TYPE   |
| Turbidity                            | SAMPLE<br>MEASUREMENT | ****  | *****          | *****      | ***** | *****          | NODI E               |               |     |             |        |
| 00070 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | ****           | *****      | ***** | *****          | Req. Mon.<br>MAXIMUM | NTU           |     | Annual      | Grab   |
| Oxygen, dissolved percent saturation | SAMPLE<br>MEASUREMENT | ****  | *****          | *****      | ***** | *****          | NODI E               |               |     |             |        |
| 00301 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****          | *****      | ***** | *****          | Req. Mon.<br>MAXIMUM | %             |     | Annual      | Grab   |
| Solids, total suspended              | SAMPLE<br>MEASUREMENT | ****  | *****          | *****      | ****  | *****          | 32                   | mg/L          |     | Annual      | Grab   |
| 00530 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ***** | *****          | *****      | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| Phosphorus, total [as P]             | SAMPLE<br>MEASUREMENT | ***** | *****          | *****      | ****  | *****          | .142                 | mg/L          |     | Annual      | Grab   |
| 00665 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****          | *****      | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| Lead, total [as Pb]                  | SAMPLE<br>MEASUREMENT | ****  | ****           | *****      | ****  | *****          | .00147               | mg/L          |     | Annual      | Grab   |
| 01051 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****          | *****      | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| E. coli                              | SAMPLE<br>MEASUREMENT | ****  | ****           | *****      | ****  | *****          | 1600                 | MPN/100m<br>L |     | Annual      | Grab   |
| 51040 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****          | *****      | ****  | *****          | Req. Mon.<br>MAXIMUM | MPN/100m<br>L |     | Annual      | Grab   |

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|------------------|--|---|-----------|--------|------------|
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| TYPED OR PRINTED | and and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             | QUANTITY OR LOADING   |       |       | C     | UALITY OR CON | CENTRATION |                 | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|-------|-------|-------|---------------|------------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE | VALUE | UNITS | VALUE         | VALUE      | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****  | ***** | ***** | *****         | *****      | .00147          | mg/L  |           | Quarterly   | Grab |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | ***** | ***** | *****         | *****      | .069<br>MAXIMUM | mg/L  |           | Quarterly   | Grab |

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| TYPED OR PRINTED | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

**LOCATION**: 20 NIPPNAPP TRAIL

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

WORCESTER, MA 01607

DMR Mailing ZIP CODE:

01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | QUALITY OR CON | CENTRATION     | _     | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 32             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 3.69           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ***** | ****            | ***** | ***** | *****          | .09051         | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | ****           | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 57             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
|--|--|---|-----------|--------|------------|
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| TYPED OR PRINTED                       | and and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

DMR Mailing ZIP CODE:

01607

 $\mathsf{MINOR}$ 

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             | QUANTITY OR LOADING   |       |       | C     | UALITY OR CON | CENTRATION |                 | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|-------|-------|-------|---------------|------------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE | VALUE | UNITS | VALUE         | VALUE      | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ***** | ***** | ***** | *****         | *****      | 307             | ug/L  |           | Quarterly   | Grab |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | ***** | ***** | *****         | *****      | 12.3<br>MAXIMUM | ug/L  |           | Quarterly   | Grab |

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| TYPED OR PRINTED | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     | ſ  | 001-ZD           |
|---|---------------|----|------------------|
|   | PERMIT NUMBER |    | DISCHARGE NUMBER |
|   | MONITO        | 2R | RING PERIOD      |
|   | MM/DD/YYYY    |    | MM/DD/YYYY       |
|   | 07/01/2018    | 7  | 09/30/2018       |

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | .1448          | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| 1                | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel<br>properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED | and and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST **LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

MAR053458 001-LD PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2018 10/01/2018

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No

|                             |                       | QUAN  | QUANTITY OR LOADING |       | QUALITY OR CONCENTRATION |       |                 |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|---------------------|-------|--------------------------|-------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE               | UNITS | VALUE                    | VALUE | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****  | *****               | ***** | *****                    | ***** | .0573           | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****               | ***** | *****                    | ***** | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | ente and improviment or knowing violations.  | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| MAR053458         |   | 001-N1           |  |  |  |  |  |  |
|-------------------|---|------------------|--|--|--|--|--|--|
| PERMIT NUMBER     |   | DISCHARGE NUMBER |  |  |  |  |  |  |
| MONITORING PERIOD |   |                  |  |  |  |  |  |  |
| MM/DD/YYYY        | ] | MM/DD/YYYY       |  |  |  |  |  |  |
| 10/01/2018        | ] | 12/31/2018       |  |  |  |  |  |  |

**DMR Mailing ZIP CODE:** 01607

umig 211 0022.

Scrap Recycling and Waste Recycling Facilities

External Outfall

MINOR

No Discharge

|                              |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                |       | NO.  | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|----------------|-------|------|-------------|--------|
| PARAMETER                    |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE          | UNITS | T EX | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****                | ****  | ***** | ****                     | ***** | 27             | mg/L  |      | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****                | ****  | ***** | *****                    | ***** | 100<br>MAXIMUM | mg/L  |      | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****                | ****  | ***** | *****                    | ***** | 3.38           | mg/L  |      | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****                | ****  | ***** | *****                    | ***** | 1<br>MAXIMUM   | mg/L  |      | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | *****                    | ***** | .8642          | mg/L  |      | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****                | ****  | ***** | *****                    | ***** | .75<br>MAXIMUM | mg/L  |      | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****                | ****  | ***** | *****                    | ***** | 55             | mg/L  |      | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****                | ****  | ***** | *****                    | ***** | 120<br>MAXIMUM | mg/L  |      | Quarterly   | Grab   |

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| TYPED OR PRINTED | ente and improviment or knowing violations.  | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST **LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

MAR053458 001-UD PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2018 10/01/2018

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No

|                             |                       | QUANTITY OR LOADING |       | C     | UALITY OR CON | CENTRATION |                 | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|---------------------|-------|-------|---------------|------------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE         | VALUE      | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****          | *****      | 43.82           | ug/L  |           | Quarterly   | Grab |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****         | *****      | 12.3<br>MAXIMUM | ug/L  |           | Quarterly   | Grab |

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| TYPED OR PRINTED | and improdument of knowing violatoris.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2018 | 12/31/2018 |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | .2984          | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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|------------------|--|---|-----------|--------|------------|
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| TYPED OR PRINTED | and improdument of knowing violatoris.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-LD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE:

01607

 $\mathsf{MINOR}$ 

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | ***** | *****         | .03234          | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | and improviment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458     | MONITORING PERIOD  MM/DD/YYYY  MM/DD/Y |                  |  |  |
|---------------|--|------------------|--|--|
| PERMIT NUMBER |  | DISCHARGE NUMBER |  |  |
| MONITO        | OR.                                    | RING PERIOD      |  |  |
| MM/DD/YYYY    | ]                                      | MM/DD/YYYY       |  |  |
| 01/01/2019    | ]                                      | 03/31/2019       |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No .

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | DUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | ****           | 32             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ****  | ***** | ****           | 6.59           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | .5602          | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ****  | ***** | ****           | 89             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2019 | 03/31/2019 |

DMR Mailing ZIP CODE:

waning zii oobe.

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |                 |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****                     | ***** | 26.45           | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ****                     | ***** | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | ente and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726 FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

MAR053458 001-ZD PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2019 03/31/2019

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****  | *****         | .2086          | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ****  | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | and imprisonment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****  | *****         | .00899          | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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# DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| MAR053458     |    |     | 001-N1           |
|---------------|----|-----|------------------|
| PERMIT NUMBER |    |     | DISCHARGE NUMBER |
| MONITO        | OR | NIS | G PERIOD         |
| MM/DD/YYYY    |    |     | MM/DD/YYYY       |
| 04/01/2019    |    |     | 06/30/2019       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No .

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | DUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 10             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ****  | ***** | ****           | 5.99           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | .1283          | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ****  | ***** | ****           | 130            | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     |    | 001-UD           |  |  |  |
|---|---------------|----|------------------|--|--|--|
|   | PERMIT NUMBER | [  | DISCHARGE NUMBER |  |  |  |
|   | MONITO        | ⊇F | RING PERIOD      |  |  |  |
|   | MM/DD/YYYY    | ]  | MM/DD/YYYY       |  |  |  |
|   | 04/01/2019    | 7  | 06/30/2019       |  |  |  |

DMR Mailing ZIP CODE:

D

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

External Outfall

No Disabassa

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | 10.27           | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2019 | 06/30/2019 |

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             | QUANTITY OR LOADING   |       |       | C     | UALITY OR CON | CENTRATION |                | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|-------|-------|-------|---------------|------------|----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE | VALUE | UNITS | VALUE         | VALUE      | VALUE          | UNITS | EX        | OF ANALYSIS | TYPE |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****  | ***** | ***** | *****         | *****      | .07017         | mg/L  |           | Quarterly   | Grab |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | ***** | ***** | *****         | *****      | .11<br>MAXIMUM | mg/L  |           | Quarterly   | Grab |

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# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST
LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Г | MAR053458     |      |          | 001-IW           |
|---|---------------|------|----------|------------------|
|   | PERMIT NUMBER |      |          | DISCHARGE NUMBER |
|   | MONIT         | RING | S PERIOD |                  |
|   | MM/DD/YYYY    |      |          | MM/DD/YYYY       |
|   | 10/01/2018    |      |          | 09/30/2019       |

DMR Mailing ZIP CODE: 01607

MINOR

Impaired Water External Outfall

| No        |  |
|-----------|--|
| Dischange |  |

|                                      |                       | QUAN  | ITITY OR LOADII | NG    | (     | QUALITY OR CON | CENTRATION           | _             | NO. | FREQUENCY   | SAMPLE |
|--------------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------------|---------------|-----|-------------|--------|
| PARAMETER                            |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE                | UNITS         | EX  | OF ANALYSIS | TYPE   |
| Turbidity                            | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | NODI E               |               |     |             |        |
| 00070 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | NTU           |     | Annual      | Grab   |
| Oxygen, dissolved percent saturation | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | NODI E               |               |     |             |        |
| 00301 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | %             |     | Annual      | Grab   |
| Solids, total suspended              | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | *****          | < 5                  | mg/L          |     | Annual      | Grab   |
| 00530 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| Phosphorus, total [as P]             | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ****  | *****          | .04                  | mg/L          |     | Annual      | Grab   |
| 00665 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| Lead, total [as Pb]                  | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ****  | *****          | .0025                | mg/L          |     | Annual      | Grab   |
| 01051 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| E. coli                              | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ****  | *****          | NODI E               |               |     |             |        |
| 51040 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | MPN/100m<br>L |     | Annual      | Grab   |

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|------------------|--|---|-----------|--------|------------|
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| TYPED OR PRINTED | and and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     |      | 001-LD           |
|---|---------------|------|------------------|
|   | PERMIT NUMBER |      | DISCHARGE NUMBER |
|   | MONITO        | DRII | NG PERIOD        |
|   | MM/DD/YYYY    |      | MM/DD/YYYY       |
|   | 07/01/2019    | 1    | 09/30/2019       |

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | QUANTITY OR LOADING |       |       | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|---------------------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE               | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****  | *****               | ***** | ****  | *****         | .0025           | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****               | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
|--|--|---|-----------|--------|------------|
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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

**LOCATION**: 20 NIPPNAPP TRAIL

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

WORCESTER, MA 01607

 MAR053458
 001-N1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2019
 09/30/2019

DMR Mailing ZIP CODE:

01607

 ${\sf MINOR}$ 

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | DUALITY OR CON | CENTRATION     | _     | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ****  | ****           | < 5            | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | ****           | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | 1.55           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | .02855         | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 48             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| 1                | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel<br>properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED | and and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE:

01607

 ${\sf MINOR}$ 

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             | QUANTITY OR LOADING   |       |       | QUALITY OR CONCENTRATION |       |       |                 | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|-------|-------|--------------------------|-------|-------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE | VALUE | UNITS                    | VALUE | VALUE | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****  | ***** | *****                    | ***** | ***** | 3.27            | ug/L  |           | Quarterly   | Grab |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ****  | ***** | *****                    | ***** | ***** | 12.3<br>MAXIMUM | ug/L  |           | Quarterly   | Grab |

|                  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons respect with the information submitted. Based on purificulty of the process or persons.   | Keri Beck                                   | TELEP     | HONE   | DATE       |
|------------------|---|---|-----------|--------|------------|
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| TYPED OR PRINTED | and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | 07/01/2019 | 09/30/2019 |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | QUANTITY OR LOADING |       |       | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|---------------------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE               | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****  | *****               | ***** | ****  | *****         | .03796         | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****               | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | and imprisonment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****                | ****  | ***** | ****  | *****         | .01582          | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ****  | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED                       | and imprisonment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| MAR053458         | 001-N1           |  |  |  |  |  |  |  |  |  |
|-------------------|------------------|--|--|--|--|--|--|--|--|--|
| PERMIT NUMBER     | DISCHARGE NUMBER |  |  |  |  |  |  |  |  |  |
| MONITORING PERIOD |                  |  |  |  |  |  |  |  |  |  |
| MM/DD/YYYY        | MM/DD/YYYY       |  |  |  |  |  |  |  |  |  |
| 10/01/2019        | 12/31/2019       |  |  |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | DUALITY OR CON | CENTRATION     | _     | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | ****           | 11             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | ****           | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ****  | ****           | 2.19           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | ****           | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | .3676          | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | 110            | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE       | DATE       |
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| TYPED OR PRINTED                       | and and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

01607

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Г | MAR053458         |   | 001-UD           |  |  |  |  |  |  |  |  |
|---|-------------------|---|------------------|--|--|--|--|--|--|--|--|
|   | PERMIT NUMBER     |   | DISCHARGE NUMBER |  |  |  |  |  |  |  |  |
|   | MONITORING PERIOD |   |                  |  |  |  |  |  |  |  |  |
|   | MM/DD/YYYY        |   | MM/DD/YYYY       |  |  |  |  |  |  |  |  |
|   | 10/01/2019        | 7 | 12/31/2019       |  |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | *****               | ***** | ***** | ***** | *****         | 19.99           | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED                       | arre and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****  | *****         | .1095          | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons  | Keri Beck                                   | TELEP     | HONE   | DATE       |
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# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458         |                  |  | 001-LD     |  |  |  |  |  |  |  |
|---|-------------------|------------------|--|------------|--|--|--|--|--|--|--|
|   | PERMIT NUMBER     | DISCHARGE NUMBER |  |            |  |  |  |  |  |  |  |
|   | MONITORING PERIOD |                  |  |            |  |  |  |  |  |  |  |
|   | MM/DD/YYYY        | ]                |  | MM/DD/YYYY |  |  |  |  |  |  |  |
|   | 01/01/2020        | 1                |  | 03/31/2020 |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | .03756          | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | and improviment or knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| ı   | MAR053458  |    |     | 001-N1           |
|-----|------------|----|-----|------------------|
| PER | MIT NUMBER |    |     | DISCHARGE NUMBER |
|     | MONIT      | OF | RIN | G PERIOD         |
|     | MM/DD/YYYY |    |     | MM/DD/YYYY       |
|     | 01/01/2020 |    |     | 03/31/2020       |

DMR Mailing ZIP CODE:

MINOR

01607

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

|                              |                       | QUAN  | ITITY OR LOADIN | NG    | (     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ***** | ****            | ***** | ***** | *****          | 32             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 5.9            | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | .6733          | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 82             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE       | DATE       |
|--|--|---|-----------|------------|------------|
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| TYPED OR PRINTED                       | and imprisonment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       | QUANTITY OR LOADING |       | QUALITY OR CONCENTRATION |       |       |                 | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|---------------------|-------|--------------------------|-------|-------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS                    | VALUE | VALUE | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****                | ***** | *****                    | ***** | ***** | 27.89           | ug/L  |           | Quarterly   | Grab |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | *****                    | ***** | ***** | 12.3<br>MAXIMUM | ug/L  |           | Quarterly   | Grab |

| 1                | I certify under penalty of law that this document and all attachments were prepared under my<br>direction or supervision in accordance with a system designed to assure that qualified personnel<br>properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED | ente and improviment or knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2020 | 03/31/2020 |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUAN  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-----------------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE           | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | *****         | .2281          | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726 FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

MAR053458 001-LD PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/30/2020 04/01/2020

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | .012            | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458     | 001-N1           |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | ORING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 04/01/2020    | 06/30/2020       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

|                              |                       | QUAN  | TITY OR LOADIN | IG    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE          | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | *****          | ***** | ***** | ****           | 11             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | *****          | ****  | ***** | *****          | 2.51           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ***** | *****          | ***** | ***** | *****          | .337           | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****           | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | *****          | ***** | ***** | *****          | 58             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****           | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | and and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 06/30/2020 |

DMR Mailing ZIP CODE:

**CODE**: 01607

 ${\sf MINOR}$ 

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             | QUANTITY OR LOADING   |       |       | C     | UALITY OR CON | CENTRATION | _               | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|-------|-------|-------|---------------|------------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE | VALUE | UNITS | VALUE         | VALUE      | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****  | ***** | ***** | *****         | *****      | 16              | ug/L  |           | Quarterly   | Grab |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | ***** | ***** | *****         | *****      | 12.3<br>MAXIMUM | ug/L  |           | Quarterly   | Grab |

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| TYPED OR PRINTED | ente and improviment or knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2020 | 06/30/2020 |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****  | *****         | .15            | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | and imprisonment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST
LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| l | MAR053458         | - |  | 001-IW           |  |  |  |
|---|-------------------|---|--|------------------|--|--|--|
|   | PERMIT NUMBER     | [ |  | DISCHARGE NUMBER |  |  |  |
|   | MONITORING PERIOD |   |  |                  |  |  |  |
|   | MM/DD/YYYY        |   |  | MM/DD/YYYY       |  |  |  |
|   | 10/01/2019        |   |  | 09/30/2020       |  |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Impaired Water External Outfall

| No        |  |
|-----------|--|
| Dischange |  |

|                                      |                       | QUAN  | NTITY OR LOADII | NG    | (     | QUALITY OR CON | CENTRATION           |               | NO. | FREQUENCY   | SAMPLE |
|--------------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------------|---------------|-----|-------------|--------|
| PARAMETER                            |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE                | UNITS         | EX  | OF ANALYSIS | TYPE   |
| Turbidity                            | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 20                   | NTU           |     | Annual      | Grab   |
| 00070 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | NTU           |     | Annual      | Grab   |
| Oxygen, dissolved percent saturation | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 2.4                  | %             |     | Annual      | Grab   |
| 00301 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | %             |     | Annual      | Grab   |
| Solids, total suspended              | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | *****          | 31                   | mg/L          |     | Annual      | Grab   |
| 00530 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| Phosphorus, total [as P]             | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ***** | ****           | .179                 | mg/L          |     | Annual      | Grab   |
| 00665 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| Lead, total [as Pb]                  | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | ****           | .022                 | mg/L          |     | Annual      | Grab   |
| 01051 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ****  | *****           | ***** | ***** | *****          | Req. Mon.<br>MAXIMUM | mg/L          |     | Annual      | Grab   |
| E. coli                              | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ****  | ****           | 41964                | MPN/100m<br>L |     | Annual      | Grab   |
| 51040 1 0<br>Effluent Gross          | PERMIT<br>REQUIREMENT | ***** | *****           | ***** | ****  | ****           | Req. Mon.<br>MAXIMUM | MPN/100m<br>L |     | Annual      | Grab   |

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| TYPED OR PRINTED | and improviment or knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-LD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2020 | 09/30/2020 |

DMR Mailing ZIP CODE:

01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             | QUANTITY OR LOADING   |       |       | C     | UALITY OR CON | CENTRATION |                 | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|-------|-------|-------|---------------|------------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE | VALUE | UNITS | VALUE         | VALUE      | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****  | ***** | ***** | *****         | *****      | .022            | mg/L  |           | Quarterly   | Grab |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | ***** | ***** | *****         | *****      | .069<br>MAXIMUM | mg/L  |           | Quarterly   | Grab |

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| TYPED OR PRINTED | and improviment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| MAR053458         |  |  | 001-N1           |  |  |  |
|-------------------|--|--|------------------|--|--|--|
| PERMIT NUMBER     |  |  | DISCHARGE NUMBER |  |  |  |
| MONITORING PERIOD |  |  |                  |  |  |  |
| MM/DD/YYYY        |  |  | MM/DD/YYYY       |  |  |  |
| 07/01/2020        |  |  | 09/30/2020       |  |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

|                              |                       | QUAN  | ITITY OR LOADIN | lG    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ***** | ****            | ***** | ***** | ****           | 31             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | 4.04           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | .497           | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 71             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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|------------------|--|---|-----------|--------|------------|
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| TYPED OR PRINTED | and improviment or knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

 MAR053458
 001-UD

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 09/30/2020

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | 27              | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED                       | and imprisonment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     |      | 001-ZD           |
|---|---------------|------|------------------|
| Г | PERMIT NUMBER |      | DISCHARGE NUMBER |
| _ |               |      |                  |
|   | MONITO        | DRIN | G PERIOD         |
|   | MM/DD/YYYY    |      | MM/DD/YYYY       |
|   | 07/01/2020    | 7    | 09/30/2020       |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             | QUANTITY OR LOADING   |       |       | IG    | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****  | ***** | ***** | ***** | *****         | .184           | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | ***** | ***** | ****  | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | and improviment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

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NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

DMR Mailing ZIP CODE:

01607

 $\mathsf{MINOR}$ 

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | < .01           | mg/L  |     | Quarterly   | Grab   |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .069<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | pure and imprisonment for knowing violations.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| MAR053458     | 001-N1           |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | ORING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 10/01/2020    | 12/31/2020       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

|                              |                       | QUAN  | TITY OR LOADIN | IG    | (     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE          | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****           | ***** | ***** | *****          | 9              | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | ***** | *****          | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****           | ***** | ****  | *****          | 2.05           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ***** | *****          | ***** | ****  | *****          | .164           | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****           | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | *****          | ***** | ***** | *****          | 52             | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****           | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER        | MM/DD/YYYY |

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| Γ | MAR053458     |    | 001-UD           |
|---|---------------|----|------------------|
|   | PERMIT NUMBER |    | DISCHARGE NUMBER |
|   | MONITO        | OF | RING PERIOD      |
|   | MM/DD/YYYY    |    | MM/DD/YYYY       |
|   | 10/01/2020    | 7  | 12/31/2020       |

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | 13              | ug/L  |     | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | 12.3<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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## DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2020 | 12/31/2020 |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | .068           | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

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Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458                    | Γ  |    | 001-LD     |  |  |
|---|------------------------------|----|----|------------|--|--|
|   | PERMIT NUMBER DISCHARGE NUMB |    |    |            |  |  |
|   | MONITO                       | OR | IN | G PERIOD   |  |  |
|   | MM/DD/YYYY                   | ]  |    | MM/DD/YYYY |  |  |
|   | 01/01/2021                   | 7  |    | 03/31/2021 |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             | QUAN                  | ITITY OR LOADIN | IG    | C     | UALITY OR CON | CENTRATION |                 | NO.   | FREQUENCY | SAMPLE      |      |
|-----------------------------|-----------------------|-----------------|-------|-------|---------------|------------|-----------------|-------|-----------|-------------|------|
| PARAMETER                   |                       | VALUE           | VALUE | UNITS | VALUE         | VALUE      | VALUE           | UNITS | EX        | OF ANALYSIS | TYPE |
| Lead, total [as Pb]         | SAMPLE<br>MEASUREMENT | ****            | ****  | ***** | *****         | *****      | .011            | mg/L  |           | Quarterly   | Grab |
| 01051 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****           | ***** | ***** | *****         | *****      | .069<br>MAXIMUM | mg/L  |           | Quarterly   | Grab |

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FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458         |   | 001-N1           |  |  |  |  |  |  |  |  |
|-------------------|---|------------------|--|--|--|--|--|--|--|--|
| PERMIT NUMBER     |   | DISCHARGE NUMBER |  |  |  |  |  |  |  |  |
| MONITORING PERIOD |   |                  |  |  |  |  |  |  |  |  |
| MM/DD/YYYY        | ] | MM/DD/YYYY       |  |  |  |  |  |  |  |  |
| 01/01/2021        | ] | 03/31/2021       |  |  |  |  |  |  |  |  |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | QUALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | 15             | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | ****           | 100<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Iron, total recoverable      | SAMPLE<br>MEASUREMENT | ****  | ****            | ****  | ***** | *****          | 2.77           | mg/L  |     | Quarterly   | Grab   |
| 00980 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 1<br>MAXIMUM   | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | *****          | < .1           | mg/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | .75<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | *****           | ***** | ***** | *****          | 220            | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-UD |
| DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2021 | 03/31/2021 |

DMR Mailing ZIP CODE:

01607

MINOR

Copper: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION      |       |    | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|-----------------|-------|----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE           | UNITS | EX | OF ANALYSIS | TYPE   |
| Copper, total [as Cu]       | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | <= 10           | ug/L  |    | Quarterly   | Grab   |
| 01042 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ****  | *****         | 12.3<br>MAXIMUM | ug/L  |    | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

**FACILITY:** SCHNITZER NORTHEAST **LOCATION:** 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 001-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | MM/DD/YYYY | 01/01/2021 | 03/31/2021

DMR Mailing ZIP CODE: 01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total [as Zn]         | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ***** | *****         | .073           | mg/L  |     | Quarterly   | Grab   |
| 01092 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | .11<br>MAXIMUM | mg/L  |     | Quarterly   | Grab   |

|                  | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
|------------------|--|---|-----------|--------|------------|
|                  | who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | (781)70   | 6-7003 | )4/06/2021 |
| TYPED OR PRINTED | and improdument of knowing violatoris.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

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ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     | ſ  | 001-LD           |
|---|---------------|----|------------------|
|   | PERMIT NUMBER | [  | DISCHARGE NUMBER |
|   | MONITO        | 2R | RING PERIOD      |
|   | MM/DD/YYYY    |    | MM/DD/YYYY       |
|   | 07/01/2021    | 7  | 09/30/2021       |

DMR Mailing ZIP CODE: 01607

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       |       | QUANTITY OR LOADING |       |       | UALITY OR CON | CENTRATION    |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|-------|---------------------|-------|-------|---------------|---------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE               | UNITS | VALUE | VALUE         | VALUE         | UNITS | EX  | OF ANALYSIS | TYPE   |
| Lead, total recoverable     | SAMPLE<br>MEASUREMENT | ****  | *****               | ***** | ***** | *****         | 13.2          | ug/L  |     | Quarterly   | Grab   |
| 01114 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****               | ***** | ***** | *****         | 69<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons   | Keri Beck                                   | TELEP     | HONE   | DATE       |
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| TYPED OR PRINTED                       | ane are imprisorment to knowing violatoris.  | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

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ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458     | 001-N1           |
|---------------|------------------|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITO        | ORING PERIOD     |
| MM/DD/YYYY    | MM/DD/YYYY       |
| 07/01/2021    | 09/30/2021       |

DMR Mailing ZIP CODE:

01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | QUALITY OR CON | CENTRATION      |       | NO. | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|-----------------|-------|-----|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE           | UNITS | EX  | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | 18              | mg/L  |     | Quarterly   | Grab   |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 100<br>MAXIMUM  | mg/L  |     | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | ****            | ****  | ****  | ****           | 321.4           | ug/L  |     | Quarterly   | Grab   |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 1100<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |
| Copper, total recoverable    | SAMPLE<br>MEASUREMENT | ***** | *****           | ***** | ***** | *****          | 16.16           | ug/L  |     | Quarterly   | Grab   |
| 01119 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ****  | ****            | ***** | ***** | *****          | 5.19<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ****  | ****            | ****  | ***** | *****          | 46              | mg/L  |     | Quarterly   | Grab   |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 120<br>MAXIMUM  | mg/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED | and improviment or knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

### **DISCHARGE MONITORING REPORT (DMR)**

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726 FACILITY: SCHNITZER NORTHEAST

**LOCATION**: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

MAR053458 001-ZD PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2021 07/01/2021

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No

|                             |                       | QUANTITY OR LOADING |       |       | C     | UALITY OR CON | CENTRATION     |       | NO. | FREQUENCY   | SAMPLE |
|-----------------------------|-----------------------|---------------------|-------|-------|-------|---------------|----------------|-------|-----|-------------|--------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE | VALUE         | VALUE          | UNITS | EX  | OF ANALYSIS | TYPE   |
| Zinc, total recoverable     | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****  | *****         | 100.3          | ug/L  |     | Quarterly   | Grab   |
| 01094 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | ***** | *****         | 107<br>MAXIMUM | ug/L  |     | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | ame and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code | NUMBER | MM/DD/YYYY |

## DISCHARGE MONITORING REPORT (DMR)

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01607

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: METALS RECYCLING LLC

ADDRESS: 89 Celia Street

Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| Γ | MAR053458     |    | 002-LD           |
|---|---------------|----|------------------|
|   | PERMIT NUMBER |    | DISCHARGE NUMBER |
|   | MONITO        | OR | RING PERIOD      |
|   | MM/DD/YYYY    | ]  | MM/DD/YYYY       |
|   | 07/01/2021    | 7  | 09/30/2021       |

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Discharge

|                             |                       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |       |               |       | NO. |             | O    |
|-----------------------------|-----------------------|---------------------|-------|-------|--------------------------|-------|---------------|-------|-----|-------------|------|
| PARAMETER                   |                       | VALUE               | VALUE | UNITS | VALUE                    | VALUE | VALUE         | UNITS | EX  | OF ANALYSIS | TYPE |
| Lead, total recoverable     | SAMPLE<br>MEASUREMENT | ****                | ***** | ***** | ****                     | ***** | NODI C        |       |     |             |      |
| 01114 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | *****               | ***** | ***** | *****                    | ***** | 69<br>MAXIMUM | ug/L  |     | Quarterly   | Grab |

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| TYPED OR PRINTED | and imprisonment for knowing violations.   | AUTHORIZED AGENT                            | AREA Code     | NUMBER | MM/DD/YYYY |

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There is no discharge from Outfall #2 because the conveyance line from Outfall #2 has been re-established so all stormwater flows through Outfall #1

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FACILITY: SCHNITZER NORTHEAST

**LOCATION: 20 NIPPNAPP TRAIL** 

WORCESTER, MA 01607

| MAR053458     |    | 002-N1           |
|---------------|----|------------------|
| PERMIT NUMBER |    | DISCHARGE NUMBER |
| MONITO        | 2R | RING PERIOD      |
| MM/DD/YYYY    |    | MM/DD/YYYY       |
| 07/01/2021    |    | 09/30/2021       |

DMR Mailing ZIP CODE: 01607

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Discharge

|                              |                       | QUAN  | ITITY OR LOADIN | IG    | C     | DUALITY OR CON | CENTRATION      | _     | NO.  | FREQUENCY   | SAMPLE |
|------------------------------|-----------------------|-------|-----------------|-------|-------|----------------|-----------------|-------|------|-------------|--------|
| PARAMETER                    |                       | VALUE | VALUE           | UNITS | VALUE | VALUE          | VALUE           | UNITS | T EX | OF ANALYSIS | TYPE   |
| Solids, total suspended      | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | NODI C          |       |      |             |        |
| 00530 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | ****           | 100<br>MAXIMUM  | mg/L  |      | Quarterly   | Grab   |
| Aluminum, total recoverable  | SAMPLE<br>MEASUREMENT | ****  | ****            | ***** | ***** | ****           | NODI C          |       |      |             |        |
| 01104 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | ****           | 1100<br>MAXIMUM | ug/L  |      | Quarterly   | Grab   |
| Copper, total recoverable    | SAMPLE<br>MEASUREMENT | ***** | ****            | ***** | ***** | *****          | NODI C          |       |      |             |        |
| 01119 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | *****          | 5.19<br>MAXIMUM | ug/L  |      | Quarterly   | Grab   |
| Chemical Oxygen Demand [COD] | SAMPLE<br>MEASUREMENT | ***** | ****            | ***** | ***** | ****           | NODI C          |       |      |             |        |
| 81017 1 0<br>Effluent Gross  | PERMIT<br>REQUIREMENT | ***** | ****            | ***** | ***** | ****           | 120<br>MAXIMUM  | mg/L  |      | Quarterly   | Grab   |

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| TYPED OR PRINTED                       | ane are impresented to knowing violatoris.   | AUTHORIZED AGENT                            | AREA Code | NUMBER     | MM/DD/YYYY |

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There is no discharge from Outfall #2 because the conveyance line from Outfall #2 has been re-established so all stormwater flows through Outfall #1

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NAME: METALS RECYCLING LLC

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Johnston, RI 02919-9726

FACILITY: SCHNITZER NORTHEAST

LOCATION: 20 NIPPNAPP TRAIL

WORCESTER, MA 01607

| MAR053458 | 002-ZD |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2021 | 09/30/2021 |

DMR Mailing ZIP CODE:

01607

MINOR

Zinc: Water Hardness 75-99.99 mg/l

**External Outfall** 

No Disabassa

|                             |                       |       | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |                |       |    |             | SAMPLE |
|-----------------------------|-----------------------|-------|---------------------|-------|-------|--------------------------|----------------|-------|----|-------------|--------|
| PARAMETER                   |                       | VALUE | VALUE               | UNITS | VALUE | VALUE                    | VALUE          | UNITS | EX | OF ANALYSIS | TYPE   |
| Zinc, total recoverable     | SAMPLE<br>MEASUREMENT | ****  | *****               | ***** | ***** | *****                    | NODI C         |       |    |             |        |
| 01094 1 0<br>Effluent Gross | PERMIT<br>REQUIREMENT | ***** | *****               | ***** | ***** | *****                    | 107<br>MAXIMUM | ug/L  |    | Quarterly   | Grab   |

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There is no discharge from Outfall #2 because the conveyance line from Outfall #2 has been re-established so all stormwater flows through Outfall #1